Case	Rigg		
500 EV 400 Km			
	the trade of the production of	TOP DOMESTIC AND A STATE OF	-

MAR 3 1 2022

IRONTON MUNICIPAL COURT Ironton, Ohio

IN THE Muney	<u>Oa</u> COURT
Lawrence	COUNTY, OHIO Case No
(Your Name)	(Leave Blank)
DeCastro, Jose(Your Address)	Judge Waldo (Leave Blank)
1258 Franklin St Santa Monica, CA 90404	COMPLAINT FOR REPLEVIN
Plaintiff	
v.))
_Ironton Police Dept, Lawrence County, The state of Ohio (Defendant's Name)))))
(Defendant's Address)	
(Defendant's City, State, and ZIP Code) Defendant)))
FIRST CAUS	E OF ACTION
1. I am a resident of California, Los Angel	es County.
2. Defendant is a resident of Ohio and Lav	wrence County.
3. This Court has jurisdiction and venue ov	ver this matter because it involves residents of
Lawrence County and property that is located in	nCounty.
4. I own the following property: _Iphone l	12 Max (list the items Defendant has kept)

5. My ownership of the property is evidenced by _Ironton Police Dept (list the reasons why you say you own the proper	rty)
	•
 6. Defendant took possession of property belonging to me on _March 29th, 2022 (date Defendant took your property byForce, against my whill (describe what Defendant did) 	operty)
	•
8. I request the return of my property.	
9. Defendant has failed to return the property belonging to me.	
10. The property being held by Defendant is worth my Civil Liberties (value of your property)11. Upon information and belief, the property is in the actual possession of Defendant and Defend	and is
located at _3101 South 3rd, Ironton, Ohio, 456 (address where you believe the property is located)	38

SECOND CAUSE OF ACTION

- 12. Defendant has wrongfully exerted control of my property.
- 13. Defendant has converted my property.

REQUEST FOR RELIEF

I request that the Court order the following relief:

- A. Find that I am the owner of the property in question;
- B. Order Defendant to return the property to me;
- C. Grant me costs and damages

E. Grant any other relief that may be just or equitable.

Respectfully submitted,

(Sign Here)

Lose M. De Castro

Jose M. DeCastro (Your Name)

____1258 Franklin St_____(Your Address)

__Santa Monica, CA, 90404_____(Your City, State, and ZIP Code)

310-963-2445 (Your Telephone Number)